

BUY-IN

- Buy-In is generally referred to as the process whereby the State of Kansas pays an individual's Part B or Part A Medicare premium.
- To be eligible for Buy-In, a person must be eligible for both **Medical Assistance** through SRS and **Medicare part B** through SSA or RRB.

Sometimes a consumer will have Part A, but have turned down Part B due to the premium. Enrollment in Part B is an eligibility requirement and enrollment is initiated through automated processes.

- Generally a person is eligible for Medicare Part B if s/he falls within one of the following populations:
 - Individuals who are citizens of the US and at least age 65
 - Individuals, age 65 or older, who are US residents or lawfully admitted aliens and have resided in the US continuously for 5 years
 - Individuals who are under age 65 and who have been receiving SSA Disability or Railroad Disability benefits for 24 consecutive months
 - Individuals under age 65 who are eligible for Medicare Part A because they have chronic renal disease.
- When Kansas will begin paying a person's Medicare Part B premium is determined by the SRS medical program under which the individual is eligible and by the effective date of medical eligibility.
- **The effective date for Buy-In is the first month of eligibility for the following:**
 - ♦ All cash programs: AF, GA, RE and SI
 - ♦ LMB
 - ♦ QMB
 - ♦ Any individual who is reopened and who has previously been on Buy-In

- **Buy-In is effective the third consecutive month of full medical eligibility for the following:**
 - ♦ All determined medical programs (CI, MA, MP, MS, etc) unless the person has previously been on Buy-In
- Individuals in spenddown status are not considered to be full medical eligible under Buy-In provisions. **Individuals with spenddowns receive full medical eligibility the month they meet their spenddown** Buy-In coverage is effective the third consecutive month of full medical eligibility. Once on Buy-In, Kansas continues paying Medicare premiums even though a client enters a new base period and goes into spenddown status.

EXAMPLE

»Full Medical Coverage			» Buy-In Starts		
3	4	5	6	7	8
MN	MN	MN-met	MN-met	MN-met	MN-met

New MS application filed 3-12. No eligibility for QMB or LMB. Client meets SD on 5-14. May is the 1st month of full medical eligibility. Buy-In is effective 7-1. July is the third consecutive month of full medical eligibility.

- Most individuals will have their Medicare coverage through the Social Security Administration (SSA). The format of a Medicare claim number for these individuals will contain 9 numeric digits and must always end in a letter or letter/number combination.
- Some individuals will have their Medicare coverage through the Railroad Retirement Board (RRB). The format of a Medicare claim number for these individuals must always start with an alpha (up to 3 alphas), followed by either 6 or 9 numeric digits.

EXAMPLES

SOCIAL SECURITY

123456789A
112345678C2

RAILROAD RETIREMENT

A123456
A234567891

MEDICARE INFORMATION (MEIN) SCREEN

- ✖ When you request a (TPQY) record off of EATSS to verify a person's Social Security or SSI, the EATSS response will update the MEIN screen. Bendex matches will also update the MEIN screen.
- ✖ A TPQY record from EATSS is automatically requested on an individual in the following situations;
 - At age 64 years and 9 months if no MEIN record exists for the individual.
 - At application registration if MEIN record does not exist or if existing MEIN record was updated by an EATSS record that is older than 30 days.
 - At review list generation if a BENDEX record on EATSS does not exist or if the most recent BENDEX record on EATSS is older than 13 months.
- ✖ Once completed, MEIN will be updated only when a record is received which contains a change in information
- ✖ Alerts will be generated when no MEIN record exists. The EES worker will need to investigate the problem and, when possible, send another TPQY request on EATSS and see if that will allow MEIN to be correctly updated.
- ✖ EES worker will need to contact Helpdesk to correct MEIN
 - all automatic attempts to populate MEIN are unsuccessful; or
 - an alert prompts a MEIN correction.

MEIN cannot be automatically updated by EATSS or manually corrected by the EES worker when a consumer has RRB Medicare. The EES worker will need to send an e-mail containing information from the Medicare insurance card. Once the e-mail is received, Help Desk will manually correct the MEIN screen.

UPDATING TPL SEGMENTS

- ✓ MEIN records transmitted to MMIS will automatically update the TPL file to show Medicare information. If you find that Medicare information for an active Medicare segment has not been entered on the TPL file, the information should be corrected via the MEIN screen.
- ✓ The automated Buy-In process begins when both eligibility information and Medicare TPL information are transmitted from KAECSSES and reflected on the MMIS system. The time it takes to complete this process will vary depending upon a variety of factors.

BUY-IN CASE SITUATIONS

GREEN CASE

Mr. Green receives both SSA and SSI benefits. He is age 66 and applies for a medical card on 8-21. When is Buy-In effective?

BLUE CASE

Mr. and Ms. Blue are both over 65 and apply for MS on 3-5. They have a spenddown but are eligible for QMB effective 5-1. When is Buy-In effective?

RED CASE

Ms. Red applies for MS on 12-10. She has a spenddown but is eligible for LMB effective 12-1. When is Buy-In effective?

BLACK CASE

Mr. and Ms. Black apply for MS on 6-22. Only Mr. Black meets the MS criteria and the family has a spenddown for the base period 6-1 through 11-30. Mr. Black has Medicare but does not qualify for QMB or LMB. The spenddown is met on 8-7. When is Buy-In effective?

5/2008

KEESM 7300,7330	PRIOR MEDICAL ELIGIBILITY
Who Qualifies	<ul style="list-style-type: none"> • Individuals eligible for any medical program (except Medikan) • Can be requested on Medical Assistance programs • Does not have to be eligible for current period
Prior Medical Period	<ul style="list-style-type: none"> • 3 months immediately preceding month of application (not applicable to HealthWave Title 21,QMB, QWD or Part D Subsidy determinations) • Considered to exist even if not established on KAECSES • Request must be made in month of application or 2 following months
Base Periods	<ul style="list-style-type: none"> • PLE programs (LMB , Working Healthy & the Protected Medical Groups) and those subject to LTC budgeting have 3 one-month base periods • Eligibility can be determined for any one or all of the 3 prior months • Spenddown programs subject to independent living budgeting have 1 three-month base period unless: <ul style="list-style-type: none"> ➢ Falls into an already established base period ➢ Falls into a month when individual received cash assistance (GA, RE, or SSI) ➢ Individual was not categorically eligible for any medical program in part of the period(i.e., is not aged, disabled, a child, a pregnant woman, or a caretaker) ➢ Individual was not part of the family group in one or more months of the base period
Eligibility Factors	<ul style="list-style-type: none"> • Financial factors apply to the entire base period • Factors other than income affect eligibility for each of the months separately • Eligibility is effective only for the months in which the client meets both financial and nonfinancial factors
<p>Example 1: Falls into an already established base period.</p> <p>1/08_____6/08</p> <p>Case closed 3/31 for loss of contact. Reapplies 7/5/08 & requests prior medical (4/5/6)</p> <p>Since falls into an already established base period revert previous 6 month base to open and authorize.</p>	
<p>Example 2: Individual not CATEGORICALLY eligible for any medical program in part of the period. Consumer applies 10/08, turned 65 in 8/08. Prior is 7/8/9, however consumer not 65 until 8/08. A two month prior base is set up for 8/9.</p>	
<p>Example 3: Consumer submits application in October and request prior. Moved to Kansas in August. A prior base period of 7/8/9 is set up, however 7/08 is suspended as not resident of Kansas. Put 'SU' on MSID screen under issuance indicator. Income and claims will still count in that month but no medical eligibility will occur for July.</p> <p>OR</p> <p>Consumer has a spenddown from 1/08 to 6/08. Goes to jail 2/14 and is released 5/02. Case would be closed as consumer in jail. When he returns, he applies. The worker will reauthorize already established 6 month base and suspend March and April as consumer in jail at the time.</p>	

ELIGIBILITY BASE PERIODS KEESM 7300,7330

Base Period Definition

The period of time over which financial eligibility is determined. Kansas uses a

- three month base for independent living prior medical;
- six-month base for independent living for the month of application and following; or
- one-month base for long term care (including HCBS/NF), Working Healthy, QMB, LMB, QWD, MP, MA-CM and Part D Subsidy only.

Important Factors

- The month of application establishes the first month of the current eligibility base period.
- Denied applications establish an eligibility base period and an application month when the reason for denial is excess income resulting in spenddown.
- Closures within an eligibility base period because of increased spenddown do not change the base period.
- For ongoing cases, ineligible months are counted as part of the eligibility base period.

Shortening A Base Period

- ✓ The recipient becomes eligible for cash(GA, RE) or SSI;
- ✓ The recipient is appropriately placed in a Medicaid-approved Nursing Facility (NF) and meets the financial eligibility criteria;
- ✓ A Medically Needy recipient qualifies for the HCBS program; (KEESM 8231)
- ✓ The only person in the assistance plan dies and eligibility has not been determined due to a spenddown;
- ✓ When the only recipient on an MA or MS case becomes eligible for Medicaid poverty level coverage, or coverage through foster care;
- ✓ When two or more MA or MS recipient family groups combine into one assistance plan;
- ✓ When a recipient requests and is eligible for ELMB or Part D Subsidy only.

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